

**CHULA VISTA POLICE DEPARTMENT
SECONDHAND DEALER
OWNER RENEWAL APPLICATION**

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

OWNER NAME: _____
Last First Middle

HOME ADDRESS: _____
City Zip Code

HOME #: _____ **BUSINESS #:** _____

EMAIL ADDRESS : _____

CRIMINAL CONVICTIONS IN THE PAST 12 MONTHS: YES _____ NO _____
(If yes please list on back side of this application.)

EXPIRATION DATE OF PERMIT: _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY #: _____ **CDL #:** _____

HEIGHT: _____ **WEIGHT:** _____ **HAIR COLOR:** _____ **EYE COLOR:** _____ **AGE:** _____

- Application for Secondhand Dealer or Pawn Broker License form (Jus 125). **Contact Department of Justice for application (916) 227-3688.**
- Money Order or Cashiers Check for **\$10.00, payable to the Department of Justice (DOJ)** for processing State License.
- Cash, check or money order in the amount of \$15.00 payable to the City of Chula Vista for each applicant.
- Copy of government I.D.
- Signed blue ID card. (Available at the Front Counter when submitting application package)
- Two 1" x 1" photos taken within the last six months.

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID CITY BUSINESS LICENSE AND A POLICE CONTROLLED LICENSE/PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE.

Signature

Date

License is valid for two years.

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

ALL FEES ARE NON REFUNDABLE

Please contact (619) 691-5244 if you require additional information.